



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
BOARD OF NURSING

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@state.de.us

APPLICATION FOR LICENSURE AS A REGISTERED OR PRACTICAL NURSE BY ENDORSEMENT INSTRUCTION SHEET

Follow instructions carefully.

You must answer *all* questions unless the instruction says to skip them.

Do not leave answers blank if the instruction says to enter them. If an answer is "none," enter *None*.

Incomplete applications will be rejected.

When to File Endorsement Application: Current Licensure Requirement

Complete this application ***only if*** you hold a *current*, active Nursing license of the same type in another jurisdiction (state, U.S. territory or District of Columbia) ***and*** you have never held a Delaware Nursing license of the same type.

- If you have ever held a Delaware license of the same type, complete the [Application for Reinstatement of RN or LPN License](#) instead.
- If you have *never* held a Delaware RN/LPN license ***and*** do *not* hold a current, active license of the same type in another jurisdiction, you must reinstate your license in another jurisdiction before applying for a Delaware license by endorsement.

When to File Endorsement Application: Home State of Residence Requirement

Your *home state of residence* (also called the primary state of residence) is your declared fixed, permanent and principal home for legal purposes. Complete this application ***only if one of the following applies to you:***

- Your current home state of residence is Delaware,

OR

- Your current home state of residence is ***not*** a [compact state](#),

OR

- Your current home state of residence is another [compact state](#) but you plan to move to Delaware or to a ***non***-compact state.

COMPACT STATES

Arizona, Arkansas, Colorado, Delaware, Idaho, Iowa, Kentucky, Maine, Maryland, Mississippi, Missouri, Montana, Nebraska, New Hampshire, New Mexico, North Carolina, North Dakota, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, Wisconsin

When to File Endorsement Application: Practice Requirement

To be licensed by endorsement Delaware, you must meet one of the following practice requirements. If possible, you must complete one of these requirements ***before filing this application:***

- Graduation from a Nursing education program within the past two years (24 months)
 - The program must be acceptable to the Board. Section 2.4.1 of the Board's [Rules and Regulations](#) explains the criteria for acceptable Nursing programs, such as 200 hours of clinical experience required for LPN students and at least 400 hours of clinical experience required for RN students. If your program is in Delaware, see [Approved Delaware Nursing Education & Refresher Programs](#) on the Board's website.
- At least 1000 hours of nursing practice during the five years (60 months) before filing this application.
- At least 400 hours of nursing practice during the two years (24 months) before filing this application.
- Completion of a Board-approved refresher program
 - Section 3.0 in the Board's [Rules and Regulations](#) explains the requirements for refresher programs.
 - See also [Approved Delaware Nursing Education & Refresher Programs](#) on the Board's website.

If it is *not possible* to meet any of the above practice requirements, you may file this application and request the Board's approval of an alternate supervised practice plan. Your application will be processed when you complete the Board-approved plan and submit your evaluation. However, you must have a temporary permit while working under a supervised practice plan; see [RN/LPN Temporary Permit](#) for instructions on applying. For information about supervised practice plans, see Section 4.0 of the Board's [Rules and Regulations](#).

Requirements for *All* Applicants by Endorsement

- ☐ Submit completed, signed and notarized [Application for Licensure as a Registered Nurse or Practical Nurse by Endorsement](#).
 - **Follow instructions carefully. You must answer *all* questions unless the instruction says to skip them. Do not leave answers blank if the instruction says to enter them. If an answer is "none," enter *None*. Incomplete applications will be rejected.**
 - Read the AFFIDAVIT section and sign the application in front of a notary public. Forms that are unsigned or not notarized will be rejected.
- ☐ Enclose the [processing fee](#) by check or money order made payable to "State of Delaware."
 - Applications submitted without this processing fee will be rejected.
- ☐ Enclose a copy of your driver's license or official identification card from the Division of Motor Vehicles.
 - The state (or other jurisdiction) on the identification you provide is considered your home state of residence.
 - If you don't have a driver's license or official identification from the Division of Motor Vehicles, you may submit a voter registration card, federal tax return, military form 2058 or a Form W-2 showing your home state of residence.
- ☐ Enclose a photocopy of your *current* nursing license from another jurisdiction. You may send a printout of your state's online verification **if** it shows the expiration date.
 - License must show an expiration date.
 - If there is a signature section on your license, sign it before copying.
 - If the jurisdiction where you are currently licensed is **not** a compact state, your license *must remain current* throughout the *entire* endorsement process.
 - If the jurisdiction where you are currently licensed is a compact state, you can work in Delaware for up to 90 days after establishing Delaware as your home state of residence while you await your Delaware license. Your license in the compact state must remain active throughout the 90 days.
- ☐ **Complete the *Authorization for Release of Information* form to request a State of Delaware and Federal Bureau of Investigation criminal background check. Follow the instructions on the authorization form to arrange to be fingerprinted.**
 - You must complete this requirement *even if* you recently had a criminal background check done for some other reason.
 - Information or details on the State and Federal background report will be reviewed to determine whether you must submit any additional information or documents as part of the application process.
- ☐ Arrange for the Board office to receive *Nursing Reference Form(s)* as follows:
 - If you have been employed *as the same type of nurse for which you are applying* for at least the past six months, send a form to *each* nursing employer where you worked during the past six months.
 - If you have **not** been employed *as the same type of nurse for which you are applying* for at least the past six months **but** you graduated from your nursing program within the past two years (24 months), send a form to your nursing school for completion.
 - If you have **not** been employed for at least the past six months and you did not graduate from nursing school within the past two years (24 months) **but** you were employed *as the same type of nurse for which you are now applying* within the past five years (60 months), send a form to your most recent nursing employer(s) where you worked for at least six months.
 - After completing the form, the employer(s) (or nursing school) must return the form by mail *directly* to the Board office. Forms received from you will be rejected.

- ☐ Provide verification of original licensure by examination. *How you do this depends on whether the jurisdiction where you were licensed uses the NURSYS™ databank.* Jurisdictions that use NURSYS™ are:
- Alaska, American Samoa, Arizona, Arkansas, Colorado, Connecticut, District of Columbia, Florida, Georgia, Guam, Idaho, Illinois, Indiana, Iowa, Kentucky, Louisiana-Registered Nurse, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Northern Mariana Islands, Ohio, Oregon, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virgin Islands, Virginia, Washington, West Virginia-Practical Nursing, Wisconsin, Wyoming
- If your original jurisdiction of licensure is listed above, go to www.nursys.com and complete the NURSYS™ Verification Request.
 - If your original jurisdiction of licensure is **not** listed above, complete the *Verification of Original Licensure* form and send it to the Board of Nursing **in the jurisdiction where you were licensed by examination**. Contact that jurisdiction to find out if there is a fee.
- ☐ If you received your Nursing education outside the U.S. (including Canada) or in Puerto Rico, request a CES report or a Certificate verification letter from [CGFNS](#). You must call CGFNS customer service to order your verification. The verification must be sent to us *directly* from CGFNS.
- ☐ If you have never been issued a U.S. Social Security Number (SSN), submit a [Request for Exemption from Social Security Number Requirement](#).
- The Privacy Act of 1974, Section 7, requires the following information to be given to all applicants:* Applicants for any Delaware professional or occupational license, permit, registration or certificate (other than Gaming permits) are required to provide a U.S. SSN (29 Del. C. §8735(m)). The Division of Professional Regulation uses the SSN primarily to verify identity and safeguard personal information. It may also be used to enforce child support obligation (13 Del. C. §2216) and for other lawful purposes.

Temporary Permit for RN or LPN

For information on applying for a temporary permit, see [RN/LPN Temporary Permit](#). *Carefully read the instructions about when you may apply.* **Do not begin orientation or employment until you are assigned a temporary permit number.**



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STATE OF DELAWARE
BOARD OF NURSING

OFFICE USE ONLY	
DDB	_____
R. V. T. CBC	_____
CCL EXPIRES	_____
Nursys Verification?	_____
ID	_____

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APPLICATION FOR LICENSURE AS A REGISTERED OR PRACTICAL NURSE BY ENDORSEMENT

Follow instructions carefully.

You must answer *all* questions unless the instruction says to skip them.

**Do not leave answers blank if the instruction says to enter them. If an answer is "none," enter *None*.
*Incomplete applications will be rejected.***

TYPE OF APPLICATION

1. Check type of application you are filing:

- ☐ Registered Nurse – I have a current, active RN license in another jurisdiction (state, U.S. territory or District of Columbia). I have *never* held a Delaware RN license.
- ☐ Licensed Practical Nurse – I hold a current, active LPN license in another jurisdiction (state, U.S. territory or District of Columbia). I have *never* held a Delaware LPN license.

IDENTIFYING AND CONTACT INFORMATION

2. Full Name: _____
Last First Middle Maiden

3. Other Names Used: None ☐ _____

4. Date of Birth (month/day/year): _____ Gender: Male ☐ Female ☐

5. Have you been issued a U.S. Social Security Number? Yes ☐ No ☐ If yes, enter your SSN: _____
If no, you must file a [Request for Exemption from Social Security Number Requirement](#).

6. Your *home state of residence* (also called the primary state of residence) is your declared fixed, permanent and principal home for legal purposes. Enter your *Home State (or jurisdiction) of Residence*: _____

Enclose a copy of your driver's license or an identification card issued by the Division of Motor Vehicles showing this state or jurisdiction as your residence. See the Instruction Sheet if you have neither of these types of identification.

7. Mailing Address: _____
City State Zip

8. Phone: _____ Email: None ☐ _____
daytime evening or cell

EDUCATION INFORMATION

9. Enter the following information about the **high school** you attended:

High School Name: _____

Address: _____

City State/Country Zip/Postal Code

Year Entered: _____ Year Completed (check one): ☐ I graduated from high school. Enter year: _____
☐ I received a GED. Enter year: _____

10. Did you graduate from nurse education program *outside the United States (including Canada) or in Puerto Rico*?

Yes ☐ No ☐ If yes, enter CGFNS Number: _____ Certificate Date: _____

Request a CES report or a Certificate verification letter from [CGFNS](#). Verifications and CES reports must be sent to us directly from CGFNS.

11. If you are now applying for an RN license, enter the following information about the **first** RN program you completed. If you are now applying for an LPN license, enter the information about the **first** PN program you completed:

Name of Institution Conducting Nursing Program: _____

Address: _____

City State/Country Zip/Postal Code

Entered Program Month/Year: _____ Graduated Month/Year: _____

Type of Program (check one): ☐ Baccalaureate ☐ Associate ☐ Registered Nurse Diploma
☐ Practical Nurse Diploma ☐ Practical Nurse Certificate
☐ Other – Enter type of degree: _____

LICENSURE HISTORY – In these questions, jurisdiction means state, District of Columbia, U.S. territory or other country.

12. Have you ever applied to take an examination for RN or LPN licensure but were *denied*? Yes ☐ No ☐ If yes, when? _____ Explain why you were denied: _____

13. Have you ever taken an examination for RN or LPN licensure and *failed*? Yes ☐ No ☐ If yes, where? _____ When? _____

14. In which state or jurisdiction were you originally licensed by *examination*? _____
License Number: _____ Year Issued: _____

Provide verification of original licensure by examination. How you do this depends on whether the jurisdiction where you were licensed uses the NURSYS™ databank. See the Instruction Sheet.

15. Have you **ever** held a Nursing license **of any kind** in **any state or jurisdiction** – whether in the U.S. or any other country – other than the jurisdiction you entered in Question 14? ☐ Yes ☐ No If yes, enter the following information about *each* license that you have held. (If you need more room, enclose additional sheets.)

RN or LPN?	JURISDICTION (state, territory, or other country)	LICENSE NUMBER	CURRENT LICENSE STATUS?
RN <input type="checkbox"/> LPN <input type="checkbox"/>			Active <input type="checkbox"/> Not Active <input type="checkbox"/>
RN <input type="checkbox"/> LPN <input type="checkbox"/>			Active <input type="checkbox"/> Not Active <input type="checkbox"/>
RN <input type="checkbox"/> LPN <input type="checkbox"/>			Active <input type="checkbox"/> Not Active <input type="checkbox"/>
RN <input type="checkbox"/> LPN <input type="checkbox"/>			Active <input type="checkbox"/> Not Active <input type="checkbox"/>

Enclose a photocopy of your *current* nursing license from another jurisdiction *or* send a printout of your state's online verification *if* it shows the expiration date.

- If the jurisdiction where you are currently licensed is *not* a compact state, your license *must remain current* throughout the *entire* endorsement process.
- If the jurisdiction where you are currently licensed is a compact state, you can work in Delaware for up to 90 days after establishing Delaware as your home state of residence while you await your Delaware license. Your compact license must remain active throughout the 90 days.

16. Have you ever been denied Nursing licensure in Delaware or other jurisdiction? Yes ☐ No ☐ If yes, where? _____ Enclose a copy of the legal documents.

17. Are any of your Nursing licenses currently under investigation? Yes ☐ No ☐ If yes, where? _____ Enclose a copy of the legal documents.

18. Have any of your Nursing licenses ever been disciplined, including revocation, suspension, probation, voluntary surrender, limitation or letter of reprimand? Yes ☐ No ☐ If yes, If yes, where? _____ Enclose a copy of the legal documents.

NURSING PRACTICE

19. Have you *ever* practiced Nursing? (This includes your current or past practice in any state, such as the state(s) where you are now or have ever been licensed, or in any other jurisdiction.) Yes ☐ No ☐ If no, skip to the next question. If yes, complete the following about your **Nursing** employment for the past **five years (60 months)**. (If you need more room, enclose additional sheets.)

RN or LPN?	EMPLOYER	ADDRESS (city, state)	EMPLOYMENT DATES	
			From	To
RN <input type="checkbox"/> LPN <input type="checkbox"/>				
RN <input type="checkbox"/> LPN <input type="checkbox"/>				
RN <input type="checkbox"/> LPN <input type="checkbox"/>				
RN <input type="checkbox"/> LPN <input type="checkbox"/>				

- If you have been employed for at least the past six months, arrange for the Board office to receive **Nursing Reference Forms** *directly* from each nursing employer where you worked during the six months.
- If you have *not* been employed for at least the past six months *but* you graduated within the past two years (24 months), arrange for the Board office to receive a **Nursing Reference Form** *directly* from your nursing school.
- If you have *not* been employed for at least the past six months *and* you did not graduate from nursing school within the past two years (24 months) *but* you were employed within the past **five years (60 months)**, arrange for the Board office to receive **Nursing Reference Forms** *directly* from your most recent nursing employer(s) where you worked for at least six months.

20. Did you graduate from a Nursing education program within the past two years (24 months)? Yes ☐ No ☐ If no, continue to the next question. If yes, enter the following information about the school and then skip to the **DISCLOSURE** section:

School Name: _____ Graduation Date: _____

21. Which of the following describes your Nursing practice? Check one:

- ☐ I have practiced Nursing AT LEAST 1000 hours during the **five years (60 months)** before filing this application.
- ☐ I have practiced Nursing AT LEAST 400 hours during the **two years (24 months)** before filing this application.
- ☐ I have completed a Board-approved refresher course in the past two years (24 months).
- ☐ None of the above applies to me. I request an alternate supervised practice plan.

CONTINUING EDUCATION – Unless you graduated from a Nursing education program or completed a refresher course within the past two years (24 months), you must complete CE before a Delaware license will be issued. For information about acceptable CE, see Section 9.0 in the Board’s [Rules and Regulations](#).

22. You **must** check one:

- ☐ I am an LPN. I have completed 24 hours of continuing education (CE) in the past two years (24 months).
- ☐ I am an RN. I have completed 30 hours of continuing education (CE) in the past two years (24 months).
- ☐ I am in the process of completing my continuing education (CE) hours and will forward the information at a later date. **Skip to the DISCLOSURE section.**

23. List the CE you have completed in the past two years (24 months) in the spaces provided below.

- Enter complete date (month/day/year) as shown on certificate.
- Enter complete course names and names of providers (not the presenters).
- Enter the number of CE hours for each course and provide a total.
- If you need more room, provide the same information on a separate sheet and enclose it with the application.

COURSE DATE	NAME OF COURSE/PROGRAM/CONFERENCE	PROVIDER NAME	CE HOURS
TOTAL			

DISCLOSURE

Arrange for the Board office to receive a State of Delaware and Federal Bureau of Investigation criminal background check following the instructions on the *Authorization for Release of Information* form.

24. Are you now, or have you *ever* been, dependent on the use of alcohol, stimulants, or habit-forming drugs?

Yes ☐ No ☐ If yes, explain: _____

DUTY TO REPORT

25. To obtain a license in Delaware, you must certify that you understand that you have a **mandatory** obligation to file a written report with the Board of Medical Licensure and Discipline within 30 days if you have any reason to believe that a medical practitioner *other than yourself* is (or may be) guilty of unprofessional conduct as defined in 24 Del. C. §1731 OR that he/she is (or may be):

- medically incompetent
- mentally or physically unable to engage safely in the practice of medicine
- excessively using or abusing drugs including alcohol.

I certify that I have read the provisions of [24 Del. C. §1730](#), [24 Del. C. §1731](#) and [24 Del. C. §1731A](#) and I understand my *duty to report*. Yes ☐ No ☐

26. To obtain a license in Delaware, you must certify that you understand that you have a **mandatory** obligation to make an immediate oral report to the Department of Services for Children, Youth and Their Families if you know of, or you suspect, child abuse or neglect under Chapter 9 of Title 16 and to follow up with any requested written reports.

I certify that I have read and understand [16 Del. C. §903](#) and that I understand my *duty to report*. Yes ☐ No ☐

27. To obtain a license in Delaware, you must certify that you understand that you have a mandatory duty to report any unsafe nursing practice to the Board of Nursing and to report any unsafe practice conditions to the recognized legal authorities.

I certify that I have read and understand [Section 7.3.1.6](#) of the Board of Nursing's Rules and Regulations and that I understand my *duty to report*. Yes ☐ No ☐

If Board review of your application is required, the Board office must receive all of these items no later than 4:30 PM ten full working days before the Board's meeting date in order to ensure consideration of your application at the meeting:

- Completed, signed and notarized application form
- Fee payment
- All required supporting documentation.

Applications that are not complete within 12 months of filing may be considered abandoned and discarded. When your application is complete, allow 4-8 weeks to receive your permanent license (whether or not a temporary license has been issued).

AFFIDAVIT

The law regulating the practice of Nursing in Delaware, 24 *Del. C.* §1922 (a), "Grounds for Discipline," provides that the Board of Nursing may revoke or suspend any license to practice nursing, refuse a license or re-licensing or otherwise discipline a licensee upon proof that a licensee or former licensee is guilty of fraud or deceit in procuring or attempting to procure a license to practice nursing.

The applicant, being duly sworn, says that he/she is the person referred to in the foregoing application for licensure as registered/licensed practical nurse in the State of Delaware, that he/she meets the requirements for licensure, that the statements therein contained are true and that he/she has read and understands this affidavit.

APPLICANT SIGNATURE: _____ Date: _____

County of _____ State of _____

Sworn to before me and subscribed in my presence this _____ day of _____ 2 _____,

Notary Public: _____

SEAL

My commission expires: _____

APPLICATIONS THAT ARE UNSIGNED, NOT NOTARIZED, INCOMPLETE OR SUBMITTED WITHOUT THE REQUIRED PROCESSING FEE WILL BE REJECTED.

Instructions for Requesting a Criminal Background Check

Both State of Delaware and Federal Bureau of Investigation criminal background checks are required.

Applicant Notification

Your fingerprints will be used to check the criminal history records of the Federal Bureau of Investigation (FBI). You have the opportunity to challenge the accuracy of the information contained in the FBI identification record. See [Title 28, CFR 16.34](#) for the procedure to obtain a change, correction or update in the FBI record.

Locations

Kent County – Primary Facility

State Bureau of Identification
Blue Hen Mall & Corporate Center
655 S. Bay Rd. Suite 1B
Dover, DE 19901

Walk-ins accepted: Mon 8:30 am – 6:30 pm, Tue - Fri 8:30 am – 3:30 pm
Customer Service: (302) 739-2134

New Castle County - Satellite Facility

State Police Troop Two
100 LaGrange Ave
Newark, DE 19702
(between Rts. 72 and 896 on Rt. 40)
By appointment only
Scheduling: (302) 739-2528 (local)
(800) 464-4357 (toll free)

Sussex County – Satellite Facility

Thurman Adams State Service Center
546 S. Bedford Street, Rm. 202
Georgetown DE 19947
(across from DelDOT & Troop 4)
By appointment only
Scheduling: (302) 739-2528 (local)
(800) 464-4357 (toll free)

Applicants in Delaware

1. If you are using the New Castle County or Sussex County locations, call **(800) 464-HELP (4357)** to schedule an appointment. No appointments are needed at the Kent County location.
2. Take the completed *Authorization for Release of Information* form to one of the offices listed above with the fee of \$65.00, to cover both the State of Delaware and Federal Bureau of Investigation criminal checks. Money orders and credit cards other than American Express are accepted at all locations. New Castle and Kent Counties accept cash; Sussex County does not accept cash. **Personal checks are not accepted in any county.** As fees are subject to change, contact the agency where you plan to submit your forms for current fees.

Applicants Not in Delaware (including Out-of-State or Outside the United States)

1. Your local police agency can fingerprint you. All types of fingerprint cards are accepted. Or, you may print a [FD-258 fingerprint form](#) available on the FBI website at www.fbi.gov – click *Services*, then *Identity History Summary Checks*, then scroll down to Option 1, Step 2, and click the link for *standard fingerprint form (FD-258)*. You may print the form on regular paper.
2. Your *Authorization for Release of Information* form and the fingerprint card must be complete. If identifying information is missing (such as name, date of birth, race, gender, etc.), your form will be returned.
3. **Mail** the *Authorization* form, fingerprint card, and *certified* check or money order (**personal checks are not accepted**) for \$65.00 made payable to “Delaware State Police” to:

**Delaware State Police
State Bureau of Identification (SBI)
PO Box 430
Dover, DE 19903-0430**

DO NOT SEND THIS FORM OR FEE TO YOUR PROFESSION'S BOARD OFFICE.
DO NOT SEND THIS FORM OR FEE TO THE DIVISION OF PROFESSIONAL REGULATION.
⇒ ALLOW FOUR WEEKS FOR RECEIPT OF RESULTS.



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AUTHORIZATION FOR RELEASE OF INFORMATION
CRIMINAL HISTORY RECORD CHECK FOR PROFESSIONAL LICENSURE APPLICANTS

Please print or type all information in black ink.

Check the type of license for which you are applying:

- | | | |
|--|--|--|
| <input type="checkbox"/> Adult Entertainment | <input type="checkbox"/> Mental Health (LPCMH, LCDP, LMFT, LAPCMH, LAMFT) | <input type="checkbox"/> Physical Therapy/Athletic Trainer |
| <input type="checkbox"/> Charitable Gaming Vendor | <input type="checkbox"/> Nursing (RN, LPN, APRN) | <input type="checkbox"/> Podiatry |
| <input type="checkbox"/> Chiropractic | <input type="checkbox"/> Nursing Home Administrator | <input type="checkbox"/> Psychology |
| <input type="checkbox"/> Dental | <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Real Estate Appraiser (includes Appraisal Management Company) |
| <input type="checkbox"/> Funeral | <input type="checkbox"/> Optometry | <input type="checkbox"/> Speech/Hearing |
| <input type="checkbox"/> Massage | <input type="checkbox"/> Pharmacy (includes key personnel of facilities licensed by Board of Pharmacy) | <input type="checkbox"/> Social Work |
| <input type="checkbox"/> Medical (Physicians, Physician Assistants, Respiratory Care Practitioners, Eastern Medicine Practitioners, Acupuncture Practitioners, Genetic Counselors, Polysomnographers, Midwifery Practitioners (CM, CPM)) | | <input type="checkbox"/> Texas Hold'em Individual |

Print your current full name:

Last Name First Name Middle Initial Suffix (e.g., Jr., Sr.)

Enter all other names you have used in the past (including, but not limited to, maiden name, former married names, alternative spellings):

1. _____
2. _____
3. _____
4. _____

As an applicant, I authorize release of any and all information that you have concerning my **CRIMINAL HISTORY RECORD INFORMATION**. I hereby release you, your organization, the State of Delaware and others from any liability or damage which may result from furnishing this information:

SIGNATURE OF PERSON PRINTED: _____ **Date:** _____

Phone: Home _____ Work _____

Mail the results of my criminal history request to:

**Division of Professional Regulation
861 Silver Lake Boulevard, Suite 203
Dover DE 19904
SLC D420A**

USE OF CRIMINAL HISTORY RECORD INFORMATION IS RESTRICTED BY LAW AND SHALL BE LIMITED TO THE PURPOSE FOR WHICH IT WAS GIVEN. MISUSE CONSTITUTES A CRIMINAL VIOLATION.



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NURSING REFERENCE FORM

INSTRUCTIONS

Application by Endorsement or Reinstatement

If applying for nursing licensure by endorsement or reinstatement, arrange for the Board office to receive this form as follows:

- If you have been employed *as the same type of nurse for which you are applying* for at least the past six months, complete the APPLICANT INFORMATION section and send a form to *each* nursing employer where you worked during the past six months.
- If you have **not** been employed *as the same type of nurse for which you are applying* for at least the past six months **but** you graduated from your nursing program within the past two years (24 months), complete the APPLICANT INFORMATION section and send the form to your nursing school for completion.
- If you have **not** been employed for at least the past six months **and** you did not graduate from nursing school within the past two years (24 months) **but** you were employed *as the same type of nurse for which you are applying* within the past five years (60 months), complete the APPLICANT INFORMATION section and send a form to your most recent nursing employer(s) where you worked for at least six months.

Application by Examination

If applying for nursing licensure by examination, complete the APPLICANT INFORMATION section and send the form to your nursing school for completion.

APPLICANT INFORMATION – to be completed by applicant

1. Type of Application: ☐ RN ☐ LPN

2. Applicant Name: _____
Last First Middle

3. Address: _____
Street City State Zip

4. Social Security Number: _____

5. Phone: _____ Email: _____

6. Employer/School Name: _____

7. Employer/School Address _____
Street City State Zip

AUTHORIZATION FOR RELEASE OF INFORMATION

As an applicant for Nursing licensure in the State of Delaware, I hereby authorize release of reference information about my Nursing employment and about my Nursing education at the above named institution.

APPLICANT SIGNATURE: _____ Date: _____

***The Board office will accept only forms it receives directly from the employer/school.
Forms returned by the applicant will not be accepted.
FAXED FORMS WILL NOT BE ACCEPTED.***

REFERENCE – to be completed by applicant's nursing employer or nursing school

The above-named applicant has applied for Nursing licensure in Delaware. Please complete the appropriate box below and sign where indicated. Thank you for your assistance.

NURSING EMPLOYER	
Applicant Name: _____	
Name of Employer: _____	
The applicant was employed as: LPN <input type="checkbox"/> RN <input type="checkbox"/>	
From: _____ <small>Month/Day/Year</small>	To: _____ <small>Month/Day/Year</small> Currently Employed <input type="checkbox"/>
Based on this person's performance, would you recommend her/him for licensure? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If you checked no, please explain. Your answer is a factor in determining eligibility for Delaware licensure. _____ _____	
Name of Person Completing Form: _____ Title: _____	
Signature: _____ Date: _____	
Phone: _____ Email: _____	

OR

NURSING SCHOOL	
Applicant Name: _____	
Name of School: _____	
Graduation Date (month/day/year): _____ Degree Awarded: _____	
Which program did the applicant complete? <input type="checkbox"/> RN Program <input type="checkbox"/> LPN Program	
RN Program: Did the program provide at least 400 hours of clinical experience? Yes <input type="checkbox"/> No <input type="checkbox"/>	
LPN Program: Did the program provide at least 200 hours of clinical experience? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name of Person Completing Form: _____ Title: _____	
Signature: _____ Date: _____	
Phone: _____ Email: _____	

The Board office will accept only forms it receives directly from the employer/school. Mail form to:

Board of Nursing
Cannon Building, Suite 203
861 Silver Lake Blvd,
Dover DE 19904

***Forms returned by the applicant will not be accepted.
FAXED FORMS WILL NOT BE ACCEPTED.***



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
BOARD OF NURSING

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@state.de.us

VERIFICATION OF ORIGINAL LICENSURE

SECTION A: APPLICANT INFORMATION – to be completed by applicant

Use this form only if the state or other jurisdiction where you were originally licensed by examination is **not** listed below. If your original jurisdiction **is** listed below, go to www.nursys.com and submit the *Nursys Verification Request*.

Alaska, American Samoa, Arizona, Arkansas, Colorado, Connecticut, District of Columbia, Florida, Georgia, Guam, Idaho, Illinois, Indiana, Iowa, Kentucky, Louisiana- Registered Nurse, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Northern Mariana Islands, Ohio, Oregon, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virgin Islands, Virginia, Washington, West Virginia-Practical Nurse, Wisconsin, Wyoming

Mail form to jurisdiction where you were originally licensed by examination. Find out if the jurisdiction requires a fee before mailing.

1. State/Jurisdiction Where Originally Licensed: _____ 2. License Number: _____
3. Name: _____
Last First Middle

If originally licensed under another name, enclose copy of legal document showing name change.

4. Address: _____
Street
- _____ City State Zip

5. Social Security Number: _____

SECTION B: ORIGINAL LICENSURE VERIFICATION – to be completed by Board of Nursing in jurisdiction of original licensure – return to Delaware Board of Nursing at address above

Name of Nursing School: _____ Board-Approved? Yes ☐ No ☐

Location: _____ Year Graduated: _____

Program: AD ☐ BSN ☐ Diploma ☐ PN ☐ High School Graduate or GED? Yes ☐ No ☐

NCLEX/CAT: Series: _____ Date: _____ Pass: _____

SBTPE Series: _____ Date: _____ Med: _____ OB: _____ Surg: _____ Peds: _____ PSV: _____

Date of Original Licensure: _____ License Number: _____ Expiration Date: _____

Currently licensed? Yes ☐ No ☐

Has license ever been disciplined? Yes ☐ No ☐ If yes, enclose copy of "decision & order" for each action.

I certify that the statements contained herein are true to the best of my knowledge.

Board Representative Signature: _____ Date: _____

Title: _____

Board of Nursing of _____

BOARD SEAL